COACH VERIFICATION FORM

This notification is to confirm that		is an
	Please print coach's first a	and last name
authorized coach for	Please print organization name	during the current season
beginning/a	and ending/ and	is authorized to utilize the
organization's liability insurar	nce.	
		, ,
Authorized s	signature required	/
CONTACT INFORMATION		
Organization Name:		
Contact Person Name:		
Position in the Organization: _		
Organization Address: _		
-		
Phone #:	() -	
Fax#: _		
Email:		
PLEASE FAX OR EMAIL FOR	M TO:	
All other sport/field reservations:	email addr	<u>fax #</u>
Gilbert Parks and Recreation	on <u>recreation@gilbertaz.gov</u>	(fax) 480 503-6204

Gilbert Parks and Recreation 90 E. Civic Center Dr. Gilbert, AZ 85296

